Province of British Columbia
Ministry of Health

SPECIAL ADVISORY COMMITTEE
ON
ETHICAL ISSUES IN HEALTH CARE

THE USE OF BLOOD PRODUCTS WHERE THERE IS A PERSONAL CONCERN AS TO THEIR USE

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THE USE OF BLOOD PRODUCTS
WHERE THERE IS A PERSONAL CONCERN AS TO THEIR USE

PROPOSED GUIDELINES AND OPTIONS

PREAMBLE

Policy must be based on respect for the individual's right to accept or reject any form of recommended medical therapy.

Physicians must take into account in their assessment and treatment plan the patient's and the patient's family's religious or other conviction with respect to the use of blood transfusions or the use of blood products.

The individual's right of privacy must be strictly respected. That is, the physician and institution should be able to ensure the patient's decision will be carried out on a strictly confidential basis.

Hospitals should make reasonable efforts to provide medically acceptable alternative therapy.

APPROACH TO SITUATIONS WHERE BLOOD THERAPY IS CONSIDERED ESSENTIAL:

1. **The Competent Adult:**

   After being informed as to the risks of and indications for blood transfusion or the use of blood products and the consequences of refusal, the patient's decision must be respected.

2. **The Temporarily Incompetent Adult** in possession of a signed card refusing blood transfusion or other blood products. (N.B. This question is under appeal by the Canadian Medical Protective Association to the Supreme Court of Canada, and recommendations may have to be modified). Given recommendations a and b below, the patient's decision must be respected.

   Recommended that:

   a. The patient sign this witnessed card after appropriate consultation, with his/her physician signing acknowledgement.

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b. This document be updated on a regular basis, suggested every three years.

c. If the physician has a reasonable doubt as to the identity and/or wishes of the patient, the physician shall proceed as in the incompetent adult. (3)

3. **The Incompetent Adult** - without a signed card of refusal but there is reason to believe that the patient might refuse (in an emergency situation) and;

a. In the absence of next-of-kin, two physicians may (as with other procedures) agree that the treatment is indicated;

b. When the next-of-kin refuses transfusion or the use of blood products, the physician must be satisfied that the patient would refuse, otherwise proceed as in 5.

4. **The Immature Child** (under age 12), where parental or guardian consent is refused:

Physicians and nurses caring for the child have an obligation to report their concern that the child may be in need of protection due to being deprived of necessary medical attention to the Hospital Administration. The Hospital Administration and those concerned with patient care have a legal obligation to notify the Superintendent of Family and Child Service, who shall investigate the circumstances and may apprehend the child. Where the child is apprehended, the Superintendent may authorize emergency medical care and treatment prescribed by a medical practitioner.

A Judge, in a subsequent hearing of the matter shall hear the opinions of the child's family and the attending physician and may hear and consider the wishes of the child.

5. **The Mature Child** (12 and over), where parental or guardian consent is refused:

Although the same apprehension and authorization procedures apply, a Judge may give increasing consideration to the wishes of the child, consistent with the child's demonstrated maturity and understanding.

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6. **The Pregnant Woman**

Under 20 weeks, treated as above.

20 weeks gestation and over:

In the case of a competent pregnant woman refusing blood transfusions or other blood products which are considered essential for the fetus' survival, the increasing rights of the fetus should be taken into account. At present, there is no legislative mechanism to protect the fetus.